

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties


Part I: Ownership Structure					
List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.					
Name Brian Bairos	Title Manager/ Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City West Bridgewater	State MA	ZIP 02325	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Brian McIsaac	Title Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City Carver	State MA	ZIP 02330	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Inez Bairos	Title Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City West Bridgewater	State MA	ZIP 02325	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name Jose Bairos	Title Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]	City West Bridgewater	State MA	ZIP 02325	Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with [REDACTED]		Effective Own. % in Applicant [REDACTED]	
Name	Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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Name		Title	SSN/FEIN		DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()	
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with			Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
None			



 Authorized Signatory

4/27/2017

 Date

Brian Bairos, Manager

 Printed Name